FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

# Washington, DC 20549

#### FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB Approval OMB Number: 3235-0076 Expires: November 30, 2001 Estimated average burden hours per response . . . 16.00

SEC USE ONLY

Serial

Prefix

0127

|  | UNIFORM LIMITED OFFERI   | NG EXEMPTION              | DATE RECEIVED                          |
|--|--|---------------------------|--|
| Name of Offering ( check in Osprey Partners, LLC               | f this is an amendment and name has changed, and indicate char     | nge.)                     | RECEIVED CO                            |
|  | hat apply): ☑Rule 504 ☐ Rule 505 ☐ Rule 506 ☐ Section 4            | 4(6) □ ULOE               | R 2 1 2005                             |
| Type of Filing:  New Filing                                    |  |                           |  |
|  | A. BASIC IDENTIFICA  | THON DATA                 |  |
| 1. Enter the information reque                                 |  |                           | <u> 185 ∕\$}′</u>                      |
| Name of issuer ( check if the                                  | is is an amendment and name has changed, and indicate change       | 3.)                       |  |
| Osprey Partners, LLC   |  |                           |  |
| Address of Executive Offices                                   | (Number and Street, City, State, Zip Code)                         | Telephone Numb            | oer (Indiading Area Code)              |
| 20 N. Wacker Drive, Ste. 330                                   | 00, Chicago, IL 60606  | (312) 782-3725            |  |
| Address of Principal Business (if different from Executive O   | Operations (Number and Street, City, State, Zip Code) ffices)      | Telephone Numb            | ber (Including Area Code)              |
| Brief Description of Business Assist financial advisers and fi | inancial service firms with software integration needs             |                           | PROCESSED                              |
| Type of Business Organization                                  |  |                           |  |
| ☐ corporation  | ☐ limited partnership, already formed                              | ✓ other (please specify): | , MAR 2 9 2005 E                       |
| ☐ business trust   | ☐ limited partnership, to be formed                                | Limited Liability Compan  | y "" " " " " " " " " " " " " " " " " " |
| Actual or Estimated Date of In                                 |  |                           | FINANCIAL Actual                       |
| Jurisdiction of Incorporation o                                | r Organization: (Enter two-letter U.S. Postal Service abbreviation | ·                         |  |
|  | CN for Canada: FN for other foreign jurisdiction                   | on) 🔲 🗆 III.              |  |

### GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number:

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### A. BASIC IDENTIFICATION DATA

#### 2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- · Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

| Check Box(es) that Apply:                      | ☐ Promoter          | ☑ Beneficial Owner           | ☑ Executive Officer | □_ Director | ☑ Manager                           |
|--|---------------------|------------------------------|---------------------|-------------|-------------------------------------|
| Full Name (Last name first, Whipple, Jay N III | if individual)      |                              |                     |             |                                     |
| Business or Residence Add                      | ess (Number and St  | reet, City, State, Zip Code) |                     |             |                                     |
| Check Box(es) that Apply:                      | ☐ Promoter          | ☐ Beneficial Owner           | ☐ Executive Officer | Director    | ☐ General and/or<br>Managing Partne |
| Full Name (Last name first,                    | if individual)      |                              |                     |             |                                     |
| Business or Residence Addr                     | ress (Number and St | reet, City, State, Zip Code) |                     |             |                                     |
| Check Box(es) that Apply:                      | ☐ Promoter          | ☐ Beneficial Owner           | □Executive Officer  | ☐ Director  | ☐ General and/or<br>Managing Partne |
| Full Name (Last name first,                    | if individual)      |                              |                     |             |                                     |
| Business or Residence Addi                     | ess (Number and St  | reet, City, State, Zip Code) |                     |             |                                     |
| Check Box(es) that Apply:                      | ☐ Promoter          | ☐ Beneficial Owner           | ☐Executive Officer  | ☐ Director  | ☐ General and/or<br>Managing Partne |
| Full Name (Last name first,                    | if individual)      |                              |                     |             | <u> </u>                            |
| Business or Residence Addi                     | ess (Number and St  | reet, City, State, Zip Code) |                     |             |                                     |
| Check Box(es) that Apply:                      | ☐ Promoter          | ☐ Beneficial Owner           | ☐ Executive Officer | ☐ Director  | ☐ General and/or<br>Managing Partne |
| Full Name (Last name first,                    | if individual)      |                              |                     |             |                                     |
| Business or Residence Add                      | ress (Number and St | reet, City, State, Zip Code) |                     |             |                                     |
| Check Box(es) that Apply:                      | ☐ Promoter          | ☐ Beneficial Owner           | ☐ Executive Officer | ☐ Director  | ☐ General and/or<br>Managing Partne |
| Full Name (Last name first,                    | if individual)      |                              |                     |             |                                     |
| Business or Residence Add                      | ess (Number and St  | reet, City, State, Zip Code) |                     |             |                                     |
| Check Box(es) that Apply:                      | ☐ Promoter          | ☐ Beneficial Owner           | ☐ Executive Officer | ☐ Director  | ☐ General and/or<br>Managing Partne |
| Full Name (Last name first,                    | if individual)      |                              |                     |             |                                     |
| Business or Residence Add                      | ress (Number and St | reet, City, State, Zip Code) |                     |             |                                     |
|  |                     |                              |                     |             |                                     |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary) 2 of 8

|  |                    |                       |                      |                        | 4                       |                      | B. I               | NFO             | RMA         | OITA     | N Al        | BOUT (       | OFFERI         | NG                 |   |  |              |
|--|--------------------|-----------------------|----------------------|------------------------|-------------------------|----------------------|--------------------|-----------------|-------------|----------|-------------|--------------|----------------|--------------------|---|--|--------------|
| 1. Has   | the iss            | uer sold              | l or doe             | s the issu             | er inten                | d to seli            | l, to non          | -accred         | lited inv   | estors i | n this o    | ffering?     |                |                    |   | Yes<br>☑   | No           |
|  |                    |                       |                      |                        |                         | Ansv                 | ver also           | in App          | endix,      | Column   | 2, if fil   | ing under U  | JLOE.          |                    |   |  |              |
| 2. What is the minimum investment that will be accepted from any individual? |                    |                       |                      |                        |                         |                      |                    | \$ <u>1,000</u> | <del></del> |          |             |              |                |                    |   |  |              |
| 3. Do  | es the o           | ffering               | permit j             | oint own               | ership o                | fa sing              | le unit?           |                 |             |          |             |              |                |                    |   | Yes<br>□   | No           |
| p<br>a:  | urchase<br>nd/or w | rs in co<br>ith a sta | nnectio              | n with sa              | ales of s               | ecuritie<br>e of the | s in the<br>broker | offerin         | ıg. If a    | person   | to be lis   | sted is an a | ssociated pers | son or agent of    | a broker or d                           | muneration for s<br>ealer registered<br>broker or dealer | with the SEC |
| Full N   | lame (L            | ast nam               | ne first,            | if individ             | lual)                   |                      |                    |                 |             |          |             |              |                |                    |   |  |              |
| Busin  | ess or R           | esidenc               | e Addr               | ess (Num               | ber and                 | Street,              | City, St           | ate, Zip        | Code)       |          |             |              |                |                    |   |  |              |
| Name   | of Asso            | ociated               | Broker               | or Deale               | r                       |                      |                    |                 |             | <u> </u> |             |              |                | ··· <u>···</u> ··· |   |  |              |
|  |                    |                       |                      |                        |                         |                      |                    |                 |             |          |             |              |                |                    |   |  |              |
| States<br>(Chec  | in Whi<br>k "All S | ch Pers<br>States" o  | on Liste<br>or check | ed Has So<br>cindivido | olicited (<br>ual State | or Inten<br>s)       | ds to So           | olicit Pu       | rchaser     | 'S       |             |              |                | 🗆 All State        | :s                                      |  |              |
| [AL]   | [AK]               | [AZ]                  | [AR]                 | [CA]                   | [CO]                    | [CT]                 | [DE]               | [DC]            | [FL]        | [GA]     | [HI]        | [ID]         |                |                    |   |  |              |
| [IL]   | [IN]               | [IA]                  | [KS]                 | [KY]                   | [LA]                    | [ME]                 | [MD]               | [MA]            | [MI]        | [MN]     | [MS]        | [MO]         |                |                    |   |  |              |
| [MT]   | [NE]               | [NV]                  | [NH]                 | [NJ]                   | [NM]                    | [NY]                 | [NC]               | [ND]            | [OH]        | [OK]     | [OR]        | [PA]         |                |                    |   |  |              |
| [RI]   | [SC]               | [SD]                  | [TN]                 | [TX]                   | [UT]                    | [VT]                 | [VA]               | [WA]            | [WV]        | [WI]     | [WY]        | [PR]         |                |                    |   |  |              |
| Full N   | lame (L            | ast nam               | e first,             | if individ             | lual)                   |                      |                    |                 |             |          |             |              |                |                    |   |  |              |
| Busin  | ess or R           | esidenc               | e Addr               | ess (Num               | nber and                | Street,              | City, St           | ate, Zip        | Code)       |          |             |              |                |                    |   |  |              |
| Name   | of Asse            | ociated               | Broker               | or Deale               | r                       |                      |                    |                 |             |          | <del></del> |              |                |                    |   |  |              |
| <del></del>  |                    | 1.5                   |                      | 111 0                  | 41.11.1                 |                      | 1 . 6              | L' 's D         |             |          |             |              | <u> </u>       |                    |   |  |              |
|  |                    |                       |                      | ed Has So<br>cindivido |                         |                      |                    |                 |             |          |             |              |                | 🗆 All State        | es .                                    |  |              |
| [AL]   | [AK]               | [AZ]                  | [AR]                 | [CA]                   | [CO]                    | [CT]                 | [DE]               | [DC]            | [FL]        | [GA]     | [HI]        | [ID]         |                |                    |   |  |              |
| [IL]   | [IN]               | [IA]                  | [KS]                 | [KY]                   | [LA]                    | [ME]                 | [MD]               | [MA]            | [MI]        | [MN]     | [MS]        | [MO]         |                |                    |   |  |              |
| [MT]   | [NE]               | [NV]                  | [NH]                 | [NJ]                   | [NM]                    | [NY]                 | [NC]               | [ND]            | [OH]        | [OK]     | [OR]        | [PA]         |                |                    |   |  |              |
| [RI]   | [SC]               | [SD]                  | [TN]                 | [TX]                   | [UT]                    | [VT]                 | [VA]               | [WA]            | [WV]        | [WI]     | [WY]        | [PR]         |                |                    |   |  |              |
| Full N   | lame (L            | ast nam               | ne first,            | if individ             | Bual)                   |                      |                    |                 |             |          |             |              |                | <del></del> -      |   | <del></del>  |              |
| Busin  | ess or R           | esidenc               | e Addr               | ess (Nun               | nber and                | Street,              | City, St           | tate, Zip       | Code)       |          |             |              |                |                    |   |  |              |
| Name   | of Asse            | ociated               | Broker               | or Deale               | r                       |                      |                    | •               | _           |          |             |              |                |                    |   |  |              |
|  |                    |                       |                      |                        |                         |                      |                    |                 |             |          |             |              |                |                    |   |  |              |
|  |                    |                       |                      | ed Has So              |                         |                      |                    |                 |             |          |             |              |                | 🗆 All State        | • |  |              |
| [AL]   | _                  |                       |                      | [CA]                   |                         | -                    | [DE]               |                 |             |          |             |              |                | = An gate          |   |  |              |
| [IL]   | [IN]               | [IA]                  | [KS]                 | [KY]                   | [LA]                    | [ME]                 | [MD]               | [MA]            | [MI]        | [MN]     | [MS]        | [MO]         |                |                    |   |  |              |
| [MT]   | [NE]               | [NV]                  | [NH]                 | [NJ]                   | [NM]                    | [NY]                 | [NC]               | [ND]            | [OH]        | [OK]     | [OR]        | [PA]         |                |                    |   |  |              |
| [RI]   | [SC]               | [SD]                  | [TN]                 | [TX]                   | [UT]                    | [VT]                 | [VA]               | [WA]            | [WV]        | [WI]     | [WY]        | [PR]         |                |                    |   |  |              |
|  |                    |                       |                      |                        |                         |                      |                    |                 |             |          |             |              |                |                    |   |  |              |

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| <ol> <li>Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offer- ing, check this box □ and indicate in the column below the amounts of the securities of-</li> </ol>   |                             |  |
|--|-----------------------------|--|
| fered for exchange and already exchanged.  |                             |  |
| Type of Security   | Aggregate<br>Offering Price | Amount Already<br>Sold                     |
| Debt   | \$                          | \$   |
| Equity   | s <u></u>                   | \$   |
| □ Common □ Preferred   |                             |  |
|  |                             |  |
| Convertible Securities (including warrants)  |                             | \$   |
| Partnership Interests  |                             | \$   |
| Other (Specify Membership Interests )  |                             | \$41,679.00                                |
| Total  | \$ <u>41,679.00</u>         | \$41,679.00                                |
| Answer also in Appendix, Column 3, if filing under ULOE  |                             |  |
| 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."            | N. I                        |  |
|  | Number<br>Investors         | Aggregate<br>Dollar Amount<br>of Purchases |
| Accredited Investors   | 11                          | <b>\$</b> 1,384.00                         |
| Non-accredited Investors   | 8                           | \$40,295.00                                |
| Total (for filings under Rule 504 only)  |                             | \$41,679.00                                |
| 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.  |                             |  |
| Type of offering   | Type of<br>Security         | Dollar Amount<br>Sold                      |
| Rule 505   | 0                           | \$0  |
| Regulation A   |                             | \$<br>\$ 0                                 |
| Rule 504   |                             | \$ <u>0</u>                                |
| Total  | <del></del>                 | \$ 0                                       |
| 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                             | <u> </u>                                   |
| Transfer Agent's Fees  |                             | \$   |
| Printing and Engraving Costs   |                             | \$   |
| Legal Fees   | <u>a</u>                    | \$3,000                                    |
| Accounting Fees  |                             | s  |
| Engineering Fees   | <u>-</u>                    | \$   |
| <u> </u>   |                             | <u> </u>                                   |
| Sales Commissions (Specify finder's fees separately)   |                             | \$   |
| Other Expenses (identify)  |                             | \$   |
| Total  | <u> </u>                    | \$ <u>3,000</u>                            |

| C. OFFERING PRICE, NUMBER OF INVESTORS, E  | APENSES AND U                                 | SE OF PROCEEDS        |  |
|--|---|-----------------------|--|
| b. Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer."   |   | \$38,679.00           |  |
| 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C-Question 4.b. above.  |   |                       |  |
|  | Payments to Officers, Directors, & Affiliates | Payments To<br>Others |  |
| Salaries and fees  | □ <b>\$</b>                                   | □ s                   |  |
| Purchase of real estate  | □ s   | □ \$                  |  |
| Purchase, rental or leasing and installation of machinery and equipment  | □ \$  | □ \$                  |  |
| Construction or leasing of plant buildings and facilities  | □ <b>\$</b>                                   | □ s                   |  |
| Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger  | □ s   | □ s                   |  |
| Repayment of indebtedness  | □ s   | □ \$                  |  |
| Working capital  | □ \$  | <u>⊠</u> \$38,679.00  |  |
| Other (specify)  | □ s   | □ s                   |  |
|  |   |                       |  |
|  | □ s   | □ s                   |  |
| Column Totals  | □ \$  | □ \$                  |  |
| Total Payments Listed (column totals added)  | <u>v</u> \$ <u>.</u>                          | 38,679.00             |  |
| D. FEDERAL SIGNAT  | TURE  |                       |  |
| The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If tundertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon wrinon-accredited investor pursuant to paragraph (b) (2) of Rule 502.   |   |                       |  |
| Issuer (Print or Type) Signature   | Date  |                       |  |
| Osprey Partners, LLC   | Mari  | h 14, 2005            |  |
| Name of Signer (Print or Type)  Title of Signer (Print of Type)  |   | ',7                   |  |
| Jay N. Whipple III Manager / Manager |   |                       |  |
|  |   |                       |  |
| ·  |   |                       |  |
|  |   |                       |  |
| ATTENTION  |   |                       |  |

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

|  | E. STATE SIGNATURE   |                                       |                             |
|--|--|---------------------------------------|-----------------------------|
| Is any party described in 17 CFR 230.2 provisions of such rule?  | Yes<br>□   | No<br><u>☑</u>                        |                             |
|  | See Appendix, Column 5, for state response.  |                                       |                             |
| The undersigned issuer hereby undertak<br>required by state law. | es to furnish to any state administrator of any state in which this notice   | is filed, a notice on Form D (17 CFF  | R 239.500) at such times as |
| 3. The undersigned issuer hereby undertak                        | es to furnish to the state administrators, upon written request, informat  | on furnished by the issuer to offeree | S.                          |
|  | he issuer is familiar with the conditions that must be satisfied to be enti<br>understands that the issuer claiming the availability of this exemption h |                                       |                             |
| The issuer has read this notification and k                      | nows the contents to be true and has duly caused this notice to be signed  | l on its behalf by the undersigned du | lly authorized person.      |
| Issuer (Print or Type)   | Signature Dat  | e                                     |                             |
| Osprey Partners, LLC   |  | Moul 14 7003                          | 5                           |
| Name of Signer (Print or Type)                                   | Title of Signer (Print of Type)  |                                       |                             |
| Jay N. Whipple III   | Manager Manager  |                                       |                             |

Instruction:
Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

| 1     | 2   | <u> </u>                              | 3  |                                       | 5  |                         |        |     |    |
|-------|---|---------------------------------------|--|---------------------------------------|--|-------------------------|--------|-----|----|
|       | Intend to<br>non-acc<br>invest<br>Sta<br>(Part B- | o sell to<br>redited<br>ors in<br>ate | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) |                                       | Type of investor and amount purchased in State (Part C-Item 2) |                         |        |     |    |
|       |   |                                       |  | Number of<br>Accredited               |  | Number of Nonaccredited | ;      |     |    |
| State | Yes   | No                                    | Membership Interests   | Investors                             | Amount   | Investors               | Amount | Yes | No |
| AL    |   |                                       |  |                                       |  |                         |        |     |    |
| AK    |   |                                       |  |                                       |  |                         |        |     |    |
| ĀZ    |   |                                       |  |                                       |  |                         |        |     |    |
| AR    |   |                                       |  |                                       |  |                         |        |     |    |
| CA    |   |                                       |  |                                       |  |                         |        |     |    |
| CO    |   |                                       |  |                                       |  |                         |        |     |    |
| CT    |   |                                       |  |                                       |  |                         |        |     |    |
| DE    | -   |                                       |  |                                       |  |                         |        |     |    |
| DC    |   |                                       |  |                                       |  |                         | ***    |     |    |
| FL    |   |                                       |  |                                       |  |                         |        |     |    |
| GA    |   |                                       |  |                                       |  |                         | -      |     |    |
| HI    |   |                                       |  |                                       |  |                         |        |     |    |
| ID    |   |                                       |  |                                       | -  |                         |        |     |    |
| IL    |   |                                       |  |                                       |  |                         |        |     |    |
| IN    |   |                                       |  |                                       |  |                         |        |     |    |
| IA    |   |                                       |  | <del></del>                           |  |                         |        |     |    |
| KS    |   |                                       |  |                                       |  |                         |        |     |    |
| KY    |   |                                       |  |                                       | ,  |                         |        |     |    |
| LA    |   |                                       |  | · · · · · · · · · · · · · · · · · · · |  |                         |        |     |    |
| ME    |   |                                       |  |                                       |  |                         |        |     |    |
| MD    |   |                                       |  |                                       |  |                         |        |     |    |
| MA    |   |                                       |  |                                       |  |                         |        |     |    |
| MI    |   |                                       |  |                                       |  |                         |        |     |    |
| MN    |   |                                       |  |                                       |  |                         |        |     |    |
| MS    |   |                                       |  |                                       |  |                         |        |     |    |
| MO    |   |                                       |  |                                       |  |                         |        |     |    |

# APPENDIX

| 1           | Ţ :               | 2  | 3  |                      |            | 4  | **          |  | 5   |
|-------------|-------------------|--|--|----------------------|------------|--|-------------|--|---|
|             | non-acc<br>invest | to sell<br>o<br>credited<br>tors in<br>ate<br>-Item 1) | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) |                      | amount pi  | f investor and<br>urchased in State<br>t C-Item 2) |             | under<br>ULOE<br>att<br>explan<br>waiver | ification State (if yes, ach ation of granted) -Item 1) |
|             |                   |  |  | Number of Accredited |            | Number of Nonaccredited                            |             |  |   |
| State<br>MT | Yes               | No   |  | Investors            | Amount     | Investors  | Amount      | Yes                                      | No  |
| NE          |                   |  |  |                      |            |  |             |  |   |
| NV          |                   |  |  |                      |            |  |             |  |   |
| NH          |                   |  |  |                      |            | 1  | \$1,623.00  |  | X   |
| NJ          | X                 |  | ¢41 (70 00   |                      |            | 1  | \$1,023.00  |  |   |
|             |                   |  | \$41,679.00  |                      |            |  |             |  |   |
| NM          | V                 |  | 0.41 (70.00  |                      |            | 7  | 629 (72 00  |  |   |
| NY          | X                 |  | \$41,679.00  |                      |            | 7  | \$38,672.00 |  | X   |
| NC          |                   |  |  |                      |            |  |             |  |   |
| ND          |                   |  |  |                      |            |  |             |  |   |
| ОН          |                   |  |  |                      |            |  |             |  |   |
| OK          |                   |  |  |                      |            |  |             |  |   |
| OR          |                   |  |  |                      |            |  |             |  |   |
| PA          | X                 |  | \$41,679.00  | 1                    | \$1,384.00 |  |             |  | X   |
| RI          |                   |  |  |                      |            |  |             |  |   |
| SC          |                   |  |  |                      |            |  |             |  |   |
| SD          |                   |  |  |                      |            |  |             |  |   |
| TN          |                   |  |  |                      |            |  |             |  |   |
| TX          |                   |  |  |                      |            |  |             |  |   |
| UT          |                   |  | · · · · · · · · · · · · · · · · · · ·  |                      |            |  |             |  |   |
| VT          |                   |  |  |                      |            |  |             |  |   |
| VA          |                   |  |  |                      |            |  |             |  |   |
| WA          |                   |  |  |                      |            |  |             |  |   |
| WV          |                   |  |  |                      |            |  |             |  |   |
| WI          |                   |  |  |                      |            |  |             |  |   |
| WY          |                   |  |  |                      |            |  |             |  |   |
| FN          |                   |  |  |                      |            |  |             |  |   |